

**OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION**

ORIGINAL

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. _____
ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

TeleManagement Systems, Inc
12150 E Briarwood, Suite 146
Centennial, CO 80112

Application for a certificate of
Interexchange authority
to operate as a reseller
carrier of telecommunications
services in all counties in the
State of Illinois.

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05-0370

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COMMUNICATIONS DIVISION
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2005

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 84-1280974

TELEMANAGEMENT SYSTEMS INC.

Address: Street **12150 East Briarwood Ave # 146**

City **Centennial,** State **CO** Zip **80126**

2. Authority Requested: (Mark all that apply) _____ 13-403 Facilities Based Interexchange

_____ ☒ 13-404 Resale of Local and/or Interexchange

_____ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance. **Note: we are not asking for the right to handle local exchange service**

_____ Part 710 Uniform System of Accounts for Telecommunications Carriers

_____ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits,
Termination of Service and Issuance of Telephone Directories for

Forgot to file the tariff report, therefore the certificate has been revoked.

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

____ YES ☒ NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

____ YES ☒ NO

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois? ☒ YES _____ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

The company President Robert Marro has been working for Long Distance companies and has owned TeleManagement Systems for 11 years. He has held a variety of senior management positions in telecommunication.

Christy Bodaness is the VP of Customer service. She worked for over 20 years with Safeway in a management position in their telecom department. For the last 11 years she has worked for TeleManagement Systems.

15. List officers of Applicant.

Bob Marro

President

Christy Bodaness

VP of Customer Service

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? _____ YES ☒ NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

We billing on a monthly basis. The bills go out the 8th of each month and cover the usage for the previous month. On the bill we break usage by minutes, cost per minute and total usage by location and a total cost for the company. There are several other options available for customer, which they can request.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Since we service a very small base of accounts in Illinois, each account is assigned a Customer Service Account Manager, who handles all billing, service and repair complaints. In the case of service or repairs issues the Customer Service Manager is notified on all issues as they are entered into the system. If after two hours a problem has not been resolved then the VP of Customer Service is notified and after 4 more hours the company president is notified. Currently if a customer wants to file a complaint with the Commission we will provide them with the information to do so

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ☐ NO

20. What telephone number(s) would a customer use to contact your company?

1-800-308-0809

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ☐ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

Currently we are not marketing or adding any new customers in Illinois therefore we have not taken any steps to prevent slamming or cramming

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

☒ YES ☐ NO (If no, please provide an explanation.) Please note we are only providing Long distance service and are not requesting to operate as a local service provider

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES ☐ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ☐ YES ☒ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

Witel

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

 Long Distance and Calling Card Service only

28. Will technical personnel be available at all times to assist customers with service problems?

 X YES NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? YES NO

Note we are not going to provide payphone services


(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of COLORADO)
County of ARAPAHOE)ss

ROBERT MARRO makes oath and says that he is PRESIDENT
(Insert here the name of affiant) (Insert the official title of the affiant)

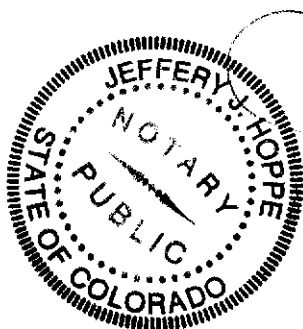
of TELEMANAGEMENT SYSTEMS INC
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

B. J. Marro
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/
(Title of person authorized to administer oaths)

in the State and County above named, this 13TH day of JUNE, 2005



Jeffery J. Hoppe
(Signature of person authorized to administer oath)

MY COMMISSION EXPIRES: 10/30/2005